



Student Feedback Form

Student's Name:		
Student ID:		
Date of Birth:		
Qualification Code & Name:		
Trainer / Assessor's Name:		
<p>Everest welcomes your feedback as one way of improving our course. Students are encouraged to provide feedback as part of our continuous improvement process for training and assessment. Information provided on this form is used for evaluation of our assessment systems and processes. Information you provide is confidential and helps us better serve our students</p>		
Please tick ✓ Yes or No for the questions below:	Yes	No
Did you receive information about these assessments prior to the due date?		
Were the instructions to these assessments clear and easy to understand?		
Did you understand the purpose of this assessment?		
Were you advised of the unit's assessment criteria prior to being assessed?		
Were you advised of the process of this assessment?		
Was your trainer/assessor professional throughout this process of assessment?		
Did you feel the assessment outcome was accurate?		
Did the resources assist you with the outcome?		
Did you receive feedback about your assessment?		
If you answered no to any of the above questions are you aware of the appeals process?		
Additional Comments:		
Student Signature:		
Date :		



OFFICE USE ONLY

Form Received by _____ Date received ____/____/____

Documentation Filed in Student File **Yes / No**

Filed by _____